

# Northern Virginia Long-Term care UPDATE

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## Information and issues from Northern Virginia Long-Term Care Ombudsman Program

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### How Bills Become Laws in Virginia

The General Assembly creates and changes the laws of Virginia. It is made up of two groups: the Senate of Virginia and the House of Delegates. There are 40 Senators and 100 Delegates.

The General Assembly meets every year beginning on the second Wednesday in January. They are in session for 60 days in even-numbered years and normally lengthens the 30-day, odd-numbered years to 46 days.

A bill becomes a law through several steps. A delegate or senator has an idea for a bill, usually from a constituent. This usually either changes the current law, adds a new law, or deletes an existing law.

The delegate presents the idea to the Division of Legislative Services and requests that it be drafted into a bill. The member who introduces a piece of legislation is called the *patron* or the *sponsor*. The bill is signed by the patron, introduced, and printed.

The bill is referred to an appropriate committee. The committee is a group of legislators organized for the purpose of considering and deciding upon the disposition of a bill or resolution.

The members of the committee consider the bill and decide what action to take. At this point the public can speak on issues related to the bill. Any citizen of the Commonwealth has the right to attend a committee meeting and speak

about legislation. The committee has several options for action. These include:

- *Report* – The majority of the committee approves of the bill and it is reported to the floor or to another committee.
- *Pass by Indefinitely (PBI)* – This action allows the committee to reconsider the legislation.
- *Defeat* – The committee rejects the motion to report the bill and they take no further action.
- *Continue/Carry over* – A bill introduced in an even-numbered year session may be continued to an odd-numbered year session for further action or study. A bill may not be continued from an odd-numbered year to an even-numbered year.
- *Pass by for the day* – The committee is not ready to act on the bill. If the bill is not taken up before the deadline, then it is considered “Left in Committee” or “No Action Taken”.
- *No Action or Leave in Committee* – No motion is made on the bill and it dies at the time of the committee action deadline.
- *Incorporate into other Legislation* – The bill is incorporated, or included into another bill.

**First Reading:** The bill title is printed in the Calendar or is read by the Clerk, and the bill advances to the second reading. (The Virginia Constitution requires that the title of each bill be read three times or appear in the printed Calendar on three different days.)

**Second Reading:** The next day the bill title appears in the printed Calendar on the second reading. Bills are considered in the order in

which they appear on the Calendar. A bill on second reading is amendable, and therefore this is referred to as the “*amendable stage*”. A bill that has passed second reading with or without an amendment is “*engrossed*”. If an amendment is adopted, the bill is reprinted in its final form for passage.

**Third Reading:** The next day, the engrossed bill title appears in the Calendar on the third reading. By recorded vote, the bill is passed. These votes are a matter of public record.

**Communication:** When passed, the bill is sent to the other body (either the Senate or House of Delegates), either by the Clerk in a communication or by a member in person, informing the other body that the bill has passed.

**In the other body:** The bill goes through essentially the same procedure as it did in the house of origin. The bill title is printed in the Calendar or is read by the Clerk. The bill is referred to a standing committee, considered, and reported by the committee. The title is read a second and third time before passage. If the other body passes the bill without amendment, it is enrolled and sent to the Governor.

**Conference:** If there are changes by the other body, the bill and the changes must be communicated back to the originating body for consideration. If these are agreed to, the bill is enrolled and sent to the Governor. If the changes are not agreed to, a *Committee of Conference* (usually three members from each legislative body) may be formed to resolve differences. If a Committee of Conference is not formed, the bill fails to pass.

**Enrollment:** After being passed by both houses of the General Assembly, the bill is printed as an *enrolled bill*, examined, and signed by the presiding officer of each chamber.

**Governor:** The bill is then sent to the Governor for his/her approval. The Governor has three options: to sign, veto or offer amendments to the bill. The Governor may also veto one or more items in an appropriation bill. If the Governor does not act on a bill, it becomes law without his signature. If the Governor signs a bill, the bill is sent to the Clerk of the House (Keeper of the Rolls of the Commonwealth) and is assigned a Chapter number. All Chapters of a session are compiled and bound as the *Acts of Assembly*.

Bills that become law at a regular session (or the reconvened session that follows) are effective the first day of July following adjournment, unless otherwise specified.

\*\* The following are ways to express your opinion on a legislative issue, find out who your legislators, or are to research bills related to Aging or Long-Term Care:

- Go to The Virginia Legislature\* web site and click on “Who’s My Legislator”
- During the session: call the Constituent Viewpoint operators @ 800-889-0229
- When not in session:
  - House of Delegates Legislative Information Office @ 804-698-1500
  - Senate Legislative Information Office @ 804-698-7410

*The Virginia Legislature web site has provided the summary information. For more information, please contact Legislative Information at 804-698-1500 or go to the \*Internet site, <http://leg1.state.va.us/>.*

**We have a new fax number!!!**  
**It is now**  
**703-324-3575.**

## **Use a cart to manage dehydration, incontinence**

Here's an easy-to-implement routine to manage dehydration and incontinence in nonambulatory nursing home patients. The idea has been around forever, and was first reported in the *Journal of Applied Behavior Analysis* in 1984 (vol. 17, pp. 397-401). But it is worth repeating and perhaps reevaluating and adapting to your facility's daily routine.

During the time residents are awake, one nurse's aide per shift is assigned to circulate through the unit with a 3-ft. x 4-ft. metal cart. The cart is equipped with a variety of juices, milk, cups, and towels. The aide visits each resident's room approximately once every 90 minutes, or 11 times between 6:00 a.m. and 9:00 p.m.

Upon entering the room, the aide first converses pleasantly with the resident, then inquires whether he or she would care for some juice or milk. Depending upon the resident's cognitive and physical capabilities, the aide would either fill a four-ounce cup and place it in the resident's hands or hold the cup before the resident and offer to help him or her to drink. If the resident gives a negative response, the cup is returned to the cart.

Next, the aide asks, "May I help you to the bathroom?" or if the resident is wet or soiled, changes the resident. After helping the resident to the bathroom, or making sure that he or she is dry, and returning the resident to the bed or chair, the aide asks whether there is anything else she can do. Finally, she says that the cart will be back "later."

At the other times during the day, nonambulatory residents are given standard

nursing care, including bed checks and changes of clothing if wet or soiled.

In the Pennsylvania nursing home in which this routine was reported on in the early 1980's, the researchers found that "regular prompts and assistance can have a positive effect on continence and hydration levels on elderly, nonambulatory nursing home residents with potential benefits to their physical health."

From the perspective of almost 20 years later, it could also be claimed that there are potential benefits to mood and behavior patterns as well, and that even nonambulatory residents would benefit from a well-structured activities program.

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The National Alzheimer's Association has revised their web site, [www.alz.org](http://www.alz.org). It now includes a special section for health-care professionals. The site gives professionals information on the disease, care giving tips, message boards, and other features. The Northern Virginia Chapter's web site is [www.alz-nova.org](http://www.alz-nova.org).

**Don't forget our web site with helpful information for residents, families, care givers, and professionals:**  
[www.co.fairfax.va.us/service/aaa/html/Ombud\\_main.htm](http://www.co.fairfax.va.us/service/aaa/html/Ombud_main.htm)

## Welcome New Volunteers!

This year we have twenty-four new volunteer ombudsmen in advocacy service to the residents of the long-term care facilities throughout Northern Virginia. How lucky the program, residents, residents' families and facility staff are that these individuals have chosen to give their time and talents to support quality care.

For information on the Volunteer Ombudsman Program contact Nancy Cavicke at **(703) 324-5435**.

**Thank you, new Volunteer Ombudsmen!**

# New

The Northern Virginia Long-Term Care Ombudsman Program has an intake line!

**703-324-5861**

Just leave a message on the intake line and a staff member will return your call as soon as possible.

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